

**FIRE DEPARTMENT CERTIFICATION FORM
2013**

FDID _____ **FIRE DEPARTMENT** _____

COUNTIES SERVED (List only those areas of primary response)

1. _____
2. _____
3. _____

FIRE CHIEF _____ **WORK PHONE** _____

ADDRESS _____ **HOME PHONE** _____

SEC/TREAS. _____ **WORK PHONE** _____

ADDRESS _____ **HOME PHONE** _____

DEPARTMENT ADDRESS _____

LIST E-MAIL ADDRESSES _____

TOTAL POPULATION SERVED _____

TOTAL NUMBER OF FIREFIGHTERS _____ **PAID** _____ **VOLUNTEER** _____

(The roster information must be completed – find the form on our website at:

http://dps.sd.gov/emergency_services/state_fire_marshall/forms_applications/fire_department_cert_forms.aspx)

ANNUAL BUDGET _____

% FROM GOVERNMENT ENTITY _____ **% FROM CONTRIBUTIONS ETC.** _____

Do you respond to medical emergencies? _____

Do you respond to vehicle accidents? _____

Does your department have a dive squad? _____

I hereby certify that the fire apparatus for the _____

Fire Department is housed in a heated structure, and the Fire Department has at least 15 members according to S.D.C.L. 10-44-9.2. The department responded to _____ fire calls in the past calendar year, all of which have been reported to the State Fire Marshal according to S.D.C.L. 34-29B-9.

Date

Signature of Fire Chief

CERTIFICATION MUST BE RETURNED BY:

May 31, 2013

SEND TO: State Fire Marshal

118 West Capitol Avenue

Pierre, SD 57501